

#574
5/5/03

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

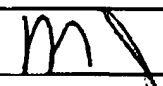
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Applicati n Number	09/779,791	FAX RECEIVED
	Filing Date	2/8/2001	
	First Named Inventor	Jon A. Wolff	GROUP 1600
	Group Art Unit	1632	
	Examiner Name	Woitach, Joseph T.	OFFICIAL
Total Number of Pages in This Submission	9	Attorney Docket Number	

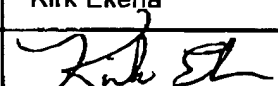
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mirus Corporation
Signature	
Date	5/5/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being sent by facsimile transmission to: PTO Fax Center, CM1 Fax Center number (703) 308-4242 on this date: 5/5/03			
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PTO/SB/17 (6/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) \$55.00		Application Number 09/779,791 Filing Date 02/08/2001 First Named Inventor Jon W. Wolff Examiner Name Witach, Joseph T. Group / Art Unit 1632 Attorney Docket No. Mirus.006.03	

<h4 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h4> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Disposit Account Number <input style="width: 150px;" type="text"/></p> <p>Deposit Account Name <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> credit card</p> <h4 style="text-align: center; margin: 0;">FEE CALCULATION</h4> <div style="border: 1px solid black; padding: 5px;"> <h5 style="margin: 0;">1. BASIC FILING FEE</h5> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 760</td><td>201 380</td><td>Utility filing fee</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>106 310</td><td>206 155</td><td>Design filing fee</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>107 480</td><td>207 240</td><td>Plant filing fee</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>108 760</td><td>208 380</td><td>Reissue filing fee</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td><input style="width: 50px;" type="text"/></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (1) (\$) <input style="width: 100px;" type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px;"> <h5 style="margin: 0;">2. EXTRA CLAIM FEES</h5> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>-20** = <input style="width: 50px;" type="text"/></td> <td>X <input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>-3** = <input style="width: 50px;" type="text"/></td> <td>X <input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>102 78</td><td>202 39</td><td>Independent claims in excess of 3</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>104 260</td><td>204 130</td><td>Multiple dependent claim, if not paid</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>109 78</td><td>209 39</td><td>** Reissue independent claims over original patent</td><td><input style="width: 50px;" type="text"/></td></tr> <tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td><input style="width: 50px;" type="text"/></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (2) (\$) <input style="width: 100px;" type="text"/></p> </div>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 760	201 380	Utility filing fee	<input style="width: 50px;" type="text"/>	106 310	206 155	Design filing fee	<input style="width: 50px;" type="text"/>	107 480	207 240	Plant filing fee	<input style="width: 50px;" type="text"/>	108 760	208 380	Reissue filing fee	<input style="width: 50px;" type="text"/>	114 150	214 75	Provisional filing fee	<input style="width: 50px;" type="text"/>	Total Claims	Extra Claims	Fee from below	Fee Paid	Independent Claims	-20** = <input style="width: 50px;" type="text"/>	X <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Multiple Dependent Claims	-3** = <input style="width: 50px;" type="text"/>	X <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20	<input style="width: 50px;" type="text"/>	102 78	202 39	Independent claims in excess of 3	<input style="width: 50px;" type="text"/>	104 260	204 130	Multiple dependent claim, if not paid	<input style="width: 50px;" type="text"/>	109 78	209 39	** Reissue independent claims over original patent	<input style="width: 50px;" type="text"/>	110 18	210 9	** Reissue claims in excess of 20 and over original patent	<input style="width: 50px;" type="text"/>	<h4 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h4> <h5 style="margin: 0;">3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark K. Johnson	Registration No. (Attorney/Agent)	35,909
Signature		Telephone	(262) 821-5690
		Date	5/5/03

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